

PTO/SB/01 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
With Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	0160.00
First Named Inventor	Remy Gross et al.
COMPLETE IF KNOWN	
Application Number	10/622,094
Filing Date	July 17, 2003
Art Unit	
Examiner Name	

I her by declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARTICLE FORMATION

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 07/17/2003 as United States Application Number or PCT International

Application Number 10/622,094 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Pri r F reign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attach d?	
				Yes	No
0216780.7	Great Britain	07/19/2002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

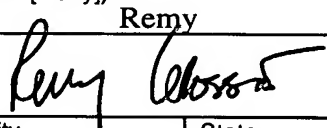
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: C mmissi n r f r Patents, P.O. Box 1450, Al xandria, VA 22313-1450.

If you n d assistance in completing the form, call 1-800-PTO-9199 and select option 2.


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 21968 OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Remy		Gross	
Inventor's Signature 		Date 9/10/03	
Residence: City	State	Country	Citizenship
Huntsville	AL	U.S.A.	U.S.A.
Mailing Address 1301 Big Cove Road			
City	State	ZIP	Country
Huntsville	AL	35801	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Andreas		Kordikowski	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Skipton		UK	DE
Mailing Address 11 Midland Terrace Hellifield			
City	State	ZIP	Country
Skipton		BD23 4HJ	UK
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 21968 OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <div style="text-align: center;">Remy</div>		Family Name or Surname <div style="text-align: center;">Gross</div>	
Inventor's Signature			Date
Residence: City <div style="text-align: center;">Huntsville</div>	State <div style="text-align: center;">AL</div>	Country <div style="text-align: center;">U.S.A.</div>	Citizenship <div style="text-align: center;">U.S.A.</div>
Mailing Address 1301 Big Cove Road			
City <div style="text-align: center;">Huntsville</div>	State <div style="text-align: center;">AL</div>	ZIP <div style="text-align: center;">35801</div>	Country
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <div style="text-align: center;">Andreas</div>		Family Name or Surname <div style="text-align: center;">Kordikowski</div>	
Inventor's Signature 			Date <div style="text-align: center;">09 - Sept. 2003</div>
Residence: City <div style="text-align: center;">Skipton</div>	State	Country <div style="text-align: center;">UK</div>	Citizenship <div style="text-align: center;">DE</div>
Mailing Address 11 Midland Terrace Hellifield			
City <div style="text-align: center;">Skipton</div>	State	ZIP <div style="text-align: center;">BD23 4HJ</div>	Country <div style="text-align: center;">UK</div>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



PTO/SB/02A (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Raymond		Sloan	
Inventor's Signature <i>Raymond Sloan</i>		Date 09 SEPT 2003	
Residence: City Bradford	State	Country UK	Citizenship UK
Mailing Address 2 Blantyre Court			
Mailing Address Cullingworth			
City Bradford	State	Zip BD13 5AA	Country UK
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



MPA

Practitioner's Docket No. 0160.00

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Remy Gross, Andreas Kordikowski and Raymond Sloan
Application No.: 10/622.094 Group No.: Unassigned
Filed: July 17, 2003 Examiner: Unassigned
For: PARTICLE FORMATION

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COMPLETION OF FILING REQUIREMENTS
—NONPROVISIONAL APPLICATION

I. This replies to the Notice to File Missing Parts of Application (PTO-1533) mailed September 4, 2003.

A copy of the Notice to File Missing Parts of Application--Filing Date Granted (Form PTO-1533) is enclosed.

DECLARATION OR OATH

II. No declaration or oath was filed. Enclosed is the original declaration or oath for this application.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is *mandatory*;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

☒ with sufficient postage as first class mail.

37 C.F.R. § 1.10*

G as "Express Mail Post Office to Addressee"

Mailing Label No. _____ (mandatory)

TRANSMISSION

G facsimile transmitted to the Patent and Trademark Office, (703) _____ - _____.

Date: 9/15/03

Kathy Honnert
Signature

Kathy Honnert
(type or print name of person certifying)

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

COMPLETION FEES

III.

1.	Filing Fee	
	Original patent application	\$750.00
2.	Fees for Claims	
	Each independent claim in excess of 3	\$84.00
	Each claim in excess of 20	\$378.00
3.	Surcharge Fees	
	Late payment of filing fee and/or late filing of original declaration or oath	\$130.00
	Total Completion Fees	\$1,342.00

EXTENSION OF TIME

IV. The proceedings herein are for a patent application, and the provisions of 37 C.F.R. § 1.136(a) apply.

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

TOTAL FEE DUE

V. The total fee due is:

Completion fees	\$1,342.00
Extension fee (if any)	\$0.00
Total Fee Due	\$1,342.00

PAYMENT OF FEES

VI. Authorization is hereby made to charge the amount of \$1,342.00 to Deposit Account No. 500348.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: Sept. 15, 2013

Felissa H. Cagan
Signature of Practitioner

Reg. No.: 35,089
Tel. No.: 650-631-3145
Customer No.: 21968

Felissa H. Cagan
Nektar Therapeutics
150 Industrial Road
San Carlos, CA 94070